

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-475)

10/550095

SCALE NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52			/			
3							53			/			
4							54			/			
5							55			/			
6	/						56			/			
7							57			/			
8							58			/			
9							59			/			
10							60			/			
11							61			/			
12							62			/			
13							63			/			
14							64			/			
15							65			/			
16							66			/			
17							67			/			
18							68			/			
19							69			/			
20							70			/			
21							71			/			
22							72			/			
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.	8	↓	3	↓		↓	TOTAL IND.	↓	↓		↓		↓
TOTAL DEP.	43	←	17	←		←	TOTAL DEP.	←	←		←		←
TOTAL CLAIMS	51		20				TOTAL CLAIMS						